

Appendix A



FNP Track Statement of Preceptor Agreement

I have read and fully understand the responsibilities regarding student, preceptor, and faculty roles for the Graduate Family Nurse Practitioner Practicum and agree to comply with these guidelines.

Term: _____ Year: _____

Primary Practicum Clinic Name:

Clinic Address:

Clinic Phone#:

Contact Person in Clinic and Title (other than preceptor; i.e. office manager):

Best method of contact for this Contact Person:

Student Name Typed: _____

Student Signature: _____

Date: _____

Phone Number: _____

E-mail: _____

Preceptor name typed: _____

Preceptor Signature: _____

Date: _____

Phone Number: _____

E-mail: _____

Faculty name typed: _____

Faculty Signature: _____

Date: _____

Phone Number: _____

E-mail: _____

(Electronic signatures acceptable)

**Students should retain copies of all forms and documents submitted to the course faculty.
Please provide your preceptor with a copy of this form once all signatures are in place.**